

1. CIR./DIST./DIV. CODE VAE	2. PERSON REPRESENTED DEL CID. JOSE	VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER 1:14-000306-009	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER 1:14-000034-001
7. IN CASE/MATTER OF (Case Name) US v. DEL CID	8. TYPE PERSON REPRESENTED Adult Defendant	9. REPRESENTATION TYPE Criminal Case	
10. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 11. 18 1959-7474,F -- RACKETEERING ACTIVITY - VIOLENT CRIMES			
11. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix) AND MAILING ADDRESS GINSBERG, NINA JEAN Suite 610 1101 King Street Alexandria VA 22314 Telephone Number: (703) 684-4333		12. COURT ORDER <input checked="" type="checkbox"/> O Appointing Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney Prior Attorney's Name: _____ Appointment Date: _____ (A) Because the above-named person represented has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 11, who has been determined to possess the specific qualifications required by law, is appointed to represent this person in this case. (B) The attorney named in Item 11 is appointed to serve as: <input type="checkbox"/> LEAD COUNSEL <input type="checkbox"/> CO-COUNSEL Name of Co-Counsel or Lead Counsel: _____ Appointment Date: _____ (C) If you represented the defendant or petitioner in any prior proceeding related to this matter, attach to your initial claim a listing of those proceedings and describe your role in each (e.g., lead counsel or co-counsel). <input type="checkbox"/> (D) Due to the expected length of this case, and the anticipated hardship on counsel in undertaking representation full-time for such a period without compensation, I request payment of compensation and expenses are approved pursuant to the attached order.	
13. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per instructions) DIMURO, GINSBERG AND MOOK SUITE 610 1101 KING STREET Alexandria VA 22314			
Signature of Presiding Judicial Officer or By Order of the Court 07/18/2014			
Date of Order Nunc Pro Tunc Date (E) Repayment or partial repayment ordered from the person represented for this service at time of appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. STAGE OF PROCEEDING Check the box which corresponds to the stage of the proceeding during which the work claimed at Item 15 was performed even if the work is intended to be used in connection with a later stage of the proceeding. CHECK NO MORE THAN ONE BOX. Submit a separate voucher for each stage of the proceeding.			
15. CATEGORIES (Attach itemization of services with dates)		16. HABEAS CORPUS	17. OTHER PROCEEDING
a. <input type="checkbox"/> Pre-Trial	e. <input type="checkbox"/> Appeal	k. <input type="checkbox"/> Habeas Petition	i. <input type="checkbox"/> Petition for the U.S.
b. <input type="checkbox"/> Trial	f. <input type="checkbox"/> Petition for the U.S.	h. <input type="checkbox"/> Evidentiary Hearing	l. <input type="checkbox"/> Supreme Court
c. <input type="checkbox"/> Sentencing	g. <input type="checkbox"/> Supreme Court	i. <input type="checkbox"/> Dispositive Motions	m. <input type="checkbox"/> Writ of Certiorari
d. <input type="checkbox"/> Other Post Trial	h. <input type="checkbox"/> Writ of Certiorari	j. <input type="checkbox"/> Appeal	n. <input type="checkbox"/> State Court Appearance
18. HOURS AND COMPENSATION CLAIMED		19. FOR COURT USE ONLY	
15. CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED
a. In-Court Hearings (Rate per hour = \$)			
b. Interviews and Conferences with Client			
c. Witness Interviews			
d. Consultation with Investigators and Experts			
e. Obtaining and Reviewing the Court Record			
f. Obtaining and Reviewing Documents and Evidence			
g. Consulting with Expert Counsel			
h. Legal Research and Writing			
i. Travel			
j. Other (Specify on additional sheets)			
Totals: Categories b thru j (Rate per hour = \$)			
20. GRAND TOTALS (CLAIMED AND ADJUSTED)		MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT
21. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM _____ TO _____		22. APPROVAL TERMINATION DATE IF OTHER THAN CASE COMPLETION	
23. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.		24. CASE DISPOSITION	
Signature of Attorney: _____ Date: _____		25. APPROVED FOR PAYMENT - COURT USE ONLY	
26. IN COURT COMP.		27. OUT OF COURT COMP.	
28. TRAVEL EXPENSES		29. OTHER EXPENSES	
30. TOTAL AMT APPROVED		31. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER	
32. DATE		33. JUDGE CODE	